

LED MAY 11 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15112

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 251   |  | PRIMARY REG. DIST. NO. 3048  |  | Registrar's No. 90  |  |
| 1. PLACE OF DEATH<br>a. COUNTY Nodaway   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Nodaway |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville,  |  | c. LENGTH OF STAY (in this place) 1 week   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pickering 0740                                  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital   |  |  |  | d. STREET ADDRESS (If rural, give location) none 0   |  |   |  |
| 3. NAME OF DECEASED (Type or Print) GEORGE   |  | a. (First) b. (Middle) DELLMER c. (Last) HYDE  |  | 4. DATE OF DEATH (Month) 5 (Day) 5 (Year) 53   |  |   |  |
| 5. SEX 0 Male  |  | 6. COLOR OR RACE White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2   |  | 8. DATE OF BIRTH 3/29/69  |  |
| 9. AGE (in years last birthday) 84   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired  |  | 11. BIRTHPLACE (City and State or Foreign Country) Ohio /  |  | 12. CITIZEN OF WHAT COUNTRY? USA                                  |  |
| 13a. FATHER'S NAME Thomas Hyde   |  | 13b. MOTHER'S MAIDEN NAME Mary Kennedy   |  | 14. NAME OF HUSBAND OR WIFE Emma Wallace Hyde, dec.  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no   |  | 16. SOCIAL SECURITY NO. none   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virgil Hyde, Pickering, Missouri   |  |   |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion<br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Coronary sclerosis<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>?                             |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION 4201  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK  |  | 21f. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from April 28, 1953, to May 5, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 2:15A m., from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) M. D.   |  | 23b. ADDRESS Maryville, Missouri   |  | 23c. DATE SIGNED 5/7/53  |  |   |  |
| 24a. BURIAL CREMA TION, REMOVAL (Specify) Burial   |  | 24b. DATE 5/7/53   |  | 24c. NAME OF CEMETERY OR CREMATORY White Oak   |  | 24d. LOCATION (City, town, or county) (State) Pickering, Missouri |  |
| DATE REC'D BY LOCAL REG. 5-9-53  |  | REGISTRAR'S SIGNATURE [Signature]  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.